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## \*BIBDATASHEET\*

CONFIRMATION NO. 9767

Bib Data Sheet

|                             |                                       |              |                        |                                      |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/635,817 | FILING DATE<br>08/06/2003<br><br>RULE | CLASS<br>351 | GROUP ART UNIT<br>2873 | ATTORNEY<br>DOCKET NO.<br>CLV-32582A |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

APPLICANTS

Jordan William Hall, Atlanta, GA;  
 Joseph Michael Lindacher, Lawrenceville, GA;  
 Ming Ye, Fort Worth, TX;

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/401,736 08/06/2002 *91*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None 91*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 11/03/2003

|   |   |                           |                        |                       |                            |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>GA | SHEETS<br>DRAWING<br>2 | TOTAL<br>CLAIMS<br>48 | INDEPENDENT<br>CLAIMS<br>3 |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|

Verified and Acknowledged  
 Examiners Signature *[Signature]* Initials

ADDRESS  
 31781  
 CIBA VISION CORPORATION  
 PATENT DEPARTMENT  
 11460 JOHNS CREEK PARKWAY  
 DULUTH, GA  
 30097-1556

TITLE  
 Contact lenses

|            |   |  |
|------------|---|--|
| FILING FEE | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
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